PATENT APPLICATION FEE DETERMINATION RE								ORD	Application of Docket Number			
Effective December 8, 2004									10/573543			
CLAIMS AS FILED - PART I							SMALL ENT	TY	OR	OTHER SMALL E		
_			(Colum	n 1)		Column 2)	1		<del></del> -	) 1	SHALL E	ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		<u> </u>	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$ 100			her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			U.S. Is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			13 mi	nus 20 =	•	1		X \$ 25 =		OR	X \$ 50 =	7
INDEPENDENT CLAIMS			m	inus 3 =	•	1		X \$ 100 =		OR	X \$ 200 =	7
MUL	TIPLE DEPENI	DENT CLAIM PRE	ESENT		•			+ \$ 180 =		OR	+ \$ 360 =	7
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST I								SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /3	Minus	ز "	10	<b>=</b>		X \$ 25 =		OR	X \$ 50 =	
	Independent	• /	Minus .	<u> ۳</u> څ	}	= —		X \$ 100 =	_	OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colur	mn 21	(Column 3)					•	ľ
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		3		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT.  FEE  OR TOTAL ADDIT.  FEE												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 02/2005)

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